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ORIGINAL COMMUNICATIONS.

Case of Separation of the Stomach from the Œsophagus. By THOMAS M. FLINT, Student of Medicine in the Jefferson Medical College. (Communicated by Professor Dunglison.)

Prof. Dunglison.

Dear Sir :—By your request I furnish you the particulars of the case in which softening of the stomach was found to have occurred. The attending physician, who is a respectable graduate of this school, has given me the following statement of facts: "The patient was a male child; aged seven years; sick about three weeks; symptoms of worms were prominent—one was passed; cerebral symptoms followed, which terminated in death. Coma and unconsciousness were prominent symptoms for ten days previous to death. When roused from this state, he would eat a small quantity of gruel. He was treated for worms and cerebral symptoms.

On the 4th inst., thirty-six hours after death, I opened the body in the presence of the attending physician and a member of this class. We carefully examined the intestines, beginning at the rectum and tracing the tube up to the connection of the duodenum with the stomach, without meeting with a worm of any kind; but

noticed marked inflammation of the small intestines. We next directed our attention to the stomach itself, which, to our surprise, was found to be severed from its connection with the œsophagus, and its contents, a dark-brownish mucilaginous-like fluid, poured out into the cavity of the abdomen to the left of the spinal column. We were not prepared to meet with a lesion of this character, and could account for it only by the action of the gastric acids producing *ramollissement* of this organ after death. In this opinion we were confirmed by the appearance of the liver; for beside evident marks of acute inflammation the inferior edge of the left lobe, which had been in contact with the gastric fluid, was corroded and corrugated.

That you may have the opportunity of examining the case, I herewith deliver to you the stomach and liver taken from the patient at the post-mortem.

Respectfully yours,

THOMAS M. FLINT.

Philadelphia, Nov. 7th, 1848.

On the use of Sulphate of Quinia. By R. L. SCRUGGS, M. D., of Germantown, Tennessee. Extract of a letter addressed to Mr. *W. L. Adkins*, Student of Medicine in Jefferson Medical College.

I promised to give you my views upon sulphate of quinia; the various pathological conditions in which it might be used advantageously; and the circumstances under which it ought to be administered.

Perhaps the discovery of no article in the materia medica, has conferred such signal benefits upon mankind; and although this opinion is almost universally entertained by the profession, yet a greater diversity of opinion, probably does not exist, in regard to any other article, as to the precise circumstances under which it should be administered; particularly in the treatment of the bilious remittent fevers of our country.

I hold it to be a most important fact connected with the use of this valuable medicine, that it should never be given upon a rising fever; i. e. until the fever has attained its climax, or has been arrested by the use of the lancet or other remedial agents, and has a downward tendency. Then, although the pulse may have

mounted up to one hundred and forty beats to the minute, and have declined only ten beats, quinine may be given in large and repeated doses, combined with ipecac., not only with safety, but with the most decidedly beneficial results. This particular fact connected with the use of the article, is the one that I desire to be especially noticed, as I have not seen the idea advanced by any writer upon the subject. Prof. Wood, in his recent work on Practice, comes nearer to it than any other writer that I have had access to; and he is undoubtedly correct when he says that "the doses must be regulated by the length of the remission. If this be short, they must be very large; and if of a few hours duration only, the whole quantity must be taken in two or three doses."

I repeat, if you give quinine when the pulse is at one hundred and thirty beats to the minute, and falling, (premising of course the necessary depletions,) and give it in sufficient quantity, say five grains, with a little ipecac. every hour, that you will, in a very large majority of cases, find that the pulse will fall rapidly under its influence, until by the time the fifth portion is exhibited, your patient is altogether free from fever. Whereas, if you give it when the pulse is at eighty beats to the minute, and rising, you will invariably increase the action of the heart in force and frequency, and if pushed to any considerable extent, cause the death of your patient. It is also well worthy of remembrance, that quinine given at an improper time, is not only calculated to excite fever, and do an immense amount of injury in that way, but oft repeated observations have confirmed me in the opinion, long since entertained, that it materially lessens the capability of that article to impress the system favourably afterwards; i. e. after you have succeeded in effecting a remission or intermission of the fever; thus depriving us of the use, to a certain extent, of the most valuable agent known to medicine in combatting this dangerous malady.

I made these observations several years ago, in the commencement of my practice in this country, since which time I have had ample opportunities of testing their value; and I have the satisfaction of knowing that the practice predicated upon these opinions, has enabled me to contend successfully, and with comparative ease, with the most malignant forms of the bilious remittent and congestive fevers of this climate.

Writers upon this subject frequently urge the necessity of giving large doses of quinine in the fever, but fail to notice, as I believe, the most important circumstances connected with it, and thus are not unfrequently disappointed in their hopes and expectations, but ignorant of the causes that led to the failure. Thus we find one physician lauding to the skies the plan of giving quinine in the fever, and another equally entitled to our respect, depreciating it in the most unmeasured terms. These discrepancies in the statements and opinions of medical men, with equal opportunities of judging correctly, have caused, in some, a too timid use of the article, while others have been encouraged to administer it with a liberal hand, succeeding sometimes, and sometimes failing, which failure or success must, if I am right in my views, be altogether accidental. With these general remarks upon the use of quinine, I will endeavour to comply with your request by giving you my treatment of bilious remittent fever, as most commonly met with in this climate; as well as the treatment of the congestive form of the same disease. Congestion, you will bear in mind, is only a condition, and does not constitute a distinct disease of itself, but may exist in either of the great splanchnic cavities, in either type of ague, and in several kinds of fever; a circumstance that must always greatly influence your treatment of the disease under consideration, or any other disease with which it may be found to exist. Should your patient be a robust person, with a full, bounding pulse, dry, hot skin, &c., you should not hesitate to use the lancet freely, —placing the patient in the erect or semi-erect position, and letting the blood flow until a decided effect is produced. Then, if the stomach is irritable or inflamed, or if there is, as will often be found in these cases, great uneasiness in the epigastric and right and left hypochondriac regions, with difficult respiration, and a feeling as of a heavy weight pressing upon them, indicating congestion of the viscera of these parts,—I would scarify and cup freely, or until these uneasy sensations are somewhat or altogether relieved; if, however, the cups fail to procure the desired relief, I would then apply warm fomentations, after which frictions of some stimulating ointment, and lastly, a pepper mush poultice, to remain on for several hours; which may be renewed, if required. While this is being attended to, see that the extremities are kept warm. A stimulating foot bath, with cups to

the temples, or behind the ears, are the best means that can be used to relieve the pain of the head, so constantly attendant upon this disease. You will then give calomel, nitrate of potash and ipecac. every two hours, (about two grains of calomel at a dose,) alternating this with spirits. nitr. dulc. and vin. ipecac., so that the powders or drops shall be given every hour. Four of these powders should be given, unless the bowels are moved before the last portion is taken. If they should fail to move the bowels in six or eight hours after the last portion is administered, then give a teaspoonful of castor oil, with fifteen or twenty drops spts. turpentine, mixed with a little white of egg or elm water, and repeat every two hours until the bowels are moved. The nitrous powder is often objected to on account of its irritating effects upon the stomach, but if you will cup over the stomach, and apply a pepper or mustard poultice *first*, and then give the powder, with a little *dry* sugar, instructing the patient to swallow it *quickly*, with water or tea, before the nitrate has time to dissolve in the mouth, you will rarely, if ever, fail in accomplishing your object. Should the stomach, however, reject the powders in spite of all your efforts, the nitrate of potassa must of course be omitted. But the good effects of this combination are so striking in quickly reducing the action of the heart, and producing moisture upon the skin, that I would always make the effort to have it retained upon the stomach.

When with these means you have succeeded in reducing the pulse to its natural standard, or failing in this, you succeed in reducing the fever to a considerable degree, you may commence the use of quinine in five grain doses every hour, watching its effects carefully the while, and stopping its use as soon as you perceive the slightest tendency to a rise of fever. If the quinine acts well; in other words, if you have commenced its use at the proper time, not mistaking a tendency to decline, you will find the fever gradually abate under its influence, the skin become relaxed, and the pulse reduced to its natural standard, and even sometimes far below it. A singular case of this latter effect of quinine I will now briefly relate.

Visited Tom, a negro slave, aged about thirty years, in the spring of 1846; found him with pneumonia of the lower half of

the right lung—treated it in the usual way, and succeeded in a few days in removing the inflammation; but to my surprise, after all evidence of pneumonia had entirely disappeared, the pulse mounted up to one hundred and thirty beats in the minute, and seemed to remain at that, night and day. But by a careful examination and inquiry, I made out fever of the double tertian type, and prescribed quinine, grs. v.; ipecac, gr. s., to be given every hour for five times, commencing as soon as the pulse should fall below one hundred and thirty—and to repeat this the next day—commencing in time to impress the system with the article before the hour for the fever to rise. At my next visit, I found the patient free from fever, and doing well in every respect. The owner of the slave informed me that he had only given three portions of quinine the day before, and that his reason for not carrying out my directions fully, was that the pulse fell so rapidly under its use, that he was fearful the heart would cease to beat altogether; it having fallen in four hours from one hundred and thirty to forty-four beats in the minute. After this, a few portions of quinine (properly timed) every day, for three or four days, lessening the quantity each day, sufficed to effect a cure. This is rather a singular case, for a philosophic explanation of which, I must of necessity refer you to your professors, as I am unable to give it myself.

You will frequently be called to patients, particularly among the poorer classes of this country, where the disease has been permitted to run on for several days without treatment. They do not send for you until the case becomes alarming. You find the patient insensible—comatose; head and body hot, flushed face and dry hot skin; cold extremities, pulse feeble, and so fast that you cannot count it. You inquire into the history of the case, and are told that the patient was taken with a slight chill several days previously, and that the fever has continued ever since without intermission or remission. This you will conclude is an incorrect statement, the result of ignorance or lack of close observation. That there has been exacerbations and remissions you may be sure of. The first thing to be done in a case of this kind, is to immerse the patient's feet and legs in a tub of hot water, made very stimulating with pepper, mustard or salt; where they should remain until the head symptoms are relieved.

Then cup the temples and behind the ears, after which pour cold water upon the head until the patient is sensible, always recollecting to desist in your cold applications as soon as the patient complains of its producing cold or other unpleasant sensations. When this is done, you will ascertain if there be any distress about the stomach, liver or spleen, and if so, cup over those organs, and apply mustard or pepper poultices. Immersing the whole body in a warm or tepid salt bath, protecting the body at the same time by wrapping in a blanket, while you pour the cold water on the head, will often be requisite, and answer an admirable purpose: or, keeping the feet in the hot bath, sponge the body with warm soap suds, and pour the cold water on the head. If by the application of these means, you succeed quickly in reducing the fever and relieving the head, you may commence with the quinine and ipecac. and give it every hour for five or six times, to each dose of which, if no medicine has been previously given, add two or three grs. calomel: but if you fail in relieving the head, and particularly if the patient is young—under twelve years old, and has had convulsions, is breathing stertorously and apparently sleeping, with one or both eyes half closed, you must reject quinine altogether, and rely upon the blood letting, general and topical, and the assiduous application of all the other means just pointed out. I have had a considerable number of these cases this season; and I have used but little quinine in the treatment of any of them. I rely upon venesection, the general warm bath, cups to the temples, and last, though not least, cold water to the head. These are the external agents; internally I give *calomel and ipecac.* every two, three, or four hours, according to circumstances; the object being in the first place to move the bowels freely, and afterwards to keep up a constant but gentle action upon them. The calomel and ipecac. fulfil the indications here more perfectly than any other articles can do. They empty the bowels, promote the secretions of the liver and all the other glands along the course of the alimentary track; relieve the brain by their sedative influence upon the action of the heart, by direct depletion, by promoting the secretions, and enabling the absorbents to take up the affused fluids. After the more acute stage is passed, you must not neglect the use of blisters. They should be applied to the upper and lower extremities,

and nape of the neck, and should be kept running until the patient is altogether free from danger. Instead of applying the blister to the ankles, as is usual, I would advise its application to the upper and inner part of the calf of the leg; so that you might, if necessary, have the benefit of the foot bath without interfering with the blister.* These violent cases of inflammation or congestion of the brain in children, so common in this country, constitute an important class, the treatment of which should be well understood by the physician. He should be able to recognize them at once, understand distinctly the indications to be fulfilled, and act promptly and energetically. They differ from those cases that supervene upon inflammation of the stomach and bowels, and are said to be reflected upon the brain; the prognosis is generally more favorable, the treatment required more energetic, and the management of them less delicate. They appear not to be caused by malaria, or any other specific agent; although they may assume, in their course, a periodic character, and require quinine in the treatment, but the phenomena presented are those of simple inflammation or congestion of that organ, which generally yields to an energetic antiphlogistic treatment and revulsives. The immediate cause of the disease is probably irritation from worms in the bowels, indigestible food, or exposure to the sun. Again, it differs widely from another disease of the brain and spinal marrow, which, fortunately, is not so common in this country; the pathology of which is indicated by its name, to wit: cerebro-spinal-meningitis, a history of which fearful malady, as it has occurred here this year, I must reserve for another letter.

I will now attempt to give you some idea of our treatment of the so-called congestive fevers of our country, in the cold stage. The after treatment, you will be able to learn much better than I can teach, in the schools, from the books and by your own observation. Indeed, most of the writers describe this part of the treatment with sufficient accuracy, but I think they fail to point out with clearness, the *extent* necessary to carry the means that are to be used, and it is to this that I would call your particular attention. You will bear in mind that there is great

* The same remarks will apply to the use of sinapisms in the first stage.

danger of death in the first or cold stage, in the malignant cases; re-action never taking place unless nature is assisted by art. So insidious are these attacks sometimes, that the patient is not aware of it himself for some time after it commences. The legs and arms gradually become cold, the coldness commencing at the free extremity of the limb, and gradually extending up to the body. He is at last reminded of his condition by a sense of great weight or oppression about the epigastrium, which continues to deepen until he is utterly insensible to all surrounding objects. Sometimes I have seen patients with all the evidences of deep congestion, without the intellectual faculties being at all impaired—they complain of no particular pain, but of an indefinable sense of misery. I will not stop to theorize upon the probable cause of these malignant diseases, for of this you will find more than enough already written. It is doubtless the introduction of some subtle poison into the system, causing deep lesion of the nervous centers, affecting thereby calorification, and preventing the heart from sending the blood to the extreme capillaries. Differences in age, sex, constitution, idiosyncrasy, &c., will cause differences in the phenomena presented in different cases, but the indications of treatment are nearly the same in all. They are to warm the extremities, equalize the circulation, relieve the congestions and inflammations, allay nervous irritability, and put a stop to the periodic tendency of the disease. To accomplish which, external heat, cupping over the epigastric and right and left hypochondriac regions and along the spine, warm fomentations, the application of sinapisms to the extremities, spine, chest and abdomen, promoting the secretions, and to fill the two last indications, to introduce a sufficient quantity of the antiperiodic agent and morphine: all these may be brought into requisition, and to the *extent justified by the urgency of the symptoms.* When called to treat one of these cases, I direct eight or ten gallons of water to be heated, ears of boiled corn, bricks heated; and a pint of spirits of turpentine, with an equal quantity of vinegar, to be put into a vessel and made boiling hot, into which put half pound of mustard and the same quantity of cayenne pepper. With this strips of flannel are to be saturated, and the extremities enveloped from the fingers and toes to the trunk, and then the heated mixture to be poured upon them. A small blanket torn into strips of the

proper width answer the best purpose for encircling the limbs. The hot bricks should then be put about the feet and legs, and the hot corn about the body. Previously, however, to doing this, the patient should be cupped over the liver and stomach, and the warm fomentations used; also, cupped along the spine, and the sinapisms applied along the spine from the occiput to the sacrum, and over the lower part of the chest and abdomen.

The most important inquiry now is, at what time, and in what quantity, shall quinine be given? This will depend upon circumstances. If we have reason to believe that it is a congestive ague of the quotidian type, we need be in no great hurry about administering quinine; but as we cannot always arrive at a correct conclusion upon this point, it will be safest to commence giving it as soon as there is a perfect intermission. But if it be congestive remittent fever, I hold that a perfect re-action should *first* be established, and then at the first appearance of a decline of the pulse, the quinine should be commenced. About five grains every hour for five or six times is the quantity that I usually give; and eight grains, I think, is the largest amount that I have ever given at a dose in these cases.

In conclusion, I will say that it would be extremely difficult to enumerate all the cases of disease, and conditions of body that may be benefitted by the use of quinine. But, regarding it as a pure tonic in small doses, and as *the* great anti-periodic agent, I should say that its use was indicated in nearly all cases requiring a tonic treatment, alternating or combining it with other tonics; and in all cases of disease that commence with, or assume during their course, the periodic character. Of these latter, you will find a vast many in the South; for, in the language of some of the ancient writers, intermittent fever, at times, seems to have the power of forcing all other diseases to put on its livery.

Case of Cancer of the Stomach with Tubercular Peritonitis and Dropsy of the Peritoneum, Necroscopy, and Remarks. By Lawrence Turnbull, M. D., Philadelphia.

Charles Howison, an artist, thirty-nine years of age, of ordinary height, very thin, intelligent, with intemperate habits.

His diet has been sufficiently good; diathesis strumous; several members of his family having died of phthisis pulmonalis.

He has suffered from pain in the abdomen and weakness of the back for four years; with constant constipation, and the generation of large quantities of gaseous matter in stomach and intestines.

In the month of July, 1846, he immigrated to this country from Edinburgh, (Scotland,) and settled in Brooklyn, New York, and was somewhat benefited by the sea voyage. But a short time after his arrival the pain returned, and also the constipation, for which, considering it to be of a bilious nature, he used powerful purgative medicines. This constant purgation produced hemorrhoids, which gave him great uneasiness.

Several months after his arrival in this city, his disease had very much increased, from his sedentary habits and constant effort to support himself and a sister, who depend upon him.

His bowels were often confined for weeks, and his stomach rejected all kinds of nourishment. He had constant vomiting for three months; at first once a day, but afterwards more frequently, and his emaciation had become considerable, although he was never remarkable for "embonpoint." He now applied for medical advice, as an out-door patient of the Philadelphia Dispensary, and continued to walk thither for some time. The physician in attendance treated him for dyspepsia, and, so difficult was it to overcome the constipation, that he took at one dose six compound cathartic pills, and one ounce of castor oil; and this even failed to excite the peristaltic action of the bowels.

He now became so weak as to be unable to walk as far as the Dispensary; his friends therefore called in a physician of his neighbourhood, who prescribed a bran diet and small doses of P. Carb. Lig., but these he was unable to retain. Upon making a more careful examination, he found a dropsical effusion. He then prescribed a mixture of ol. terebinth. and oleum ricini, equal parts; but he could not take the nauseous dose, and the pain produced by it being so intense as to make him cry out with agony. The physician finding he had refused his prescriptions, discontinued his attendance. Prof. J. K. Mitchell, (as one of the physicians of St. Andrew Society,) now visited him, and found him suffering from retention of urine, but being prevented from repeating his visit on account of indisposition, he requested me to see him.

Actual state on my visiting him, Sunday, October 24th, 1847. The patient appeared lively, and altogether rational; sense of sight almost lost; face of a peculiar straw coloured tint; tongue moist and of a bright red colour, with dark brown patches posteriorly; a great desire for cooling drinks, with constant vomiting of dark grumous looking matter.

The abdomen very flat, slightly enlarged over the pubic region, with cicatrices from blisters over the epigastric region. Percussion and auscultation over the heart and lungs reveal the normal physical signs. Skin dry and soft, pulse one hundred and four, with pain over the liver upon pressure. Has passed his urine by drops for twenty-four hours, and suffers much pain from distension of the bladder.

Wishing to give him as little pain as possible, I allowed him to inhale the vapour of sulphuric ether from a sponge for a few seconds, not to narcotize him, but to allay spasm. It had the happiest effect; he did not suffer the slightest pain from the introduction of a silver catheter, and the removal of forty-eight ounces of urine of a dark and sanguineous appearance. After allowing it to stand for twenty-four hours, it deposited no sediment; and neither heat nor nitric acid coagulated it, showing the absence of albumen.

It effervesced with the acid, showing an alkaline nature. He could not lie in bed from the impediment to the action of the diaphragm, and therefore sat up in a chair, night and day. The lower extremities were discoloured and swollen.

Monday, the 25th Oct.—Skin pale and moist; did not sleep well, and suffered with hiccough, which was relieved by the use of a mixture of equal parts of brandy and spt. ether sulph. c. Pulse one hundred, weak and thread-like. Introduced the catheter, and removed eighteen ounces of urine of the same colour as before. Eyes much congested, and bowels not free. Prescribed essence of beef and iced brandy, with enemata.

Evening of Monday.—Hectic fever: pulse over one hundred, with much pain in the eyes, burning in the throat, and heat in stomach; discontinued the essence of beef. Solut. morph. sulph. ℥js. A teaspoonful every hour until sleep is induced, with small pieces of ice to allay thirst.

Tuesday, Oct. 26.—Slept part of the night, under the influence of the morphia; has had involuntary discharge of fæces. Pulse reduced to eighty; teeth and gums covered with sordes; suffers from constant vomiting of particles of dark looking matter like disorganised mucous membrane. Removed a few ounces of urine of a lighter colour. Brandy and water and ice, and continue the morphia at night.

Wednesday, Oct. 27.—Low muttering delirium: not able to distinguish his friends; pulse seventy-four; fluid increasing in the cavity; more difficulty in introducing the catheter, having to place him in a much more recumbent position; removed about twenty ounces of urine, of a still lighter colour, with strong ammoniacal odour. Continued the treatment.

Thursday, Oct. 28, 11 o'clock, A. M. Pulse sixty-five; delirium still continues, with subsultus; almost moribund; removed twenty-four ounces of urine. He continued in this state until half past six, P. M., when he died.

Necroscopy.—Twenty-four hours' after death; atmosphere dry; walls of abdomen near the umbilicus of a livid hue; brain not examined.

Chest: the heart and pericardium perfectly natural, with the usual quantity of fluid. The aorta filled with a yellowish white mass of coagula. There was no adhesion of the lungs to the pleura, but they were covered all over with spots of a dark colour, of different sizes, and which cut with difficulty. The bronchial tubes were apparently healthy.

Abdomen: stomach bound down by bands of lymph, and reduced in size with a mass of scirrhus extending from the pyloric to the cardiac end of the stomach, which when cut through was very resistent, grating under the scalpel, of a gray colour, with a dark deposit in the centre, and upon careful examination of the surface of the tumour there were several ulcerated patches.

The pancreas was firmly attached to the stomach so as to be with difficulty dissected from it.

In the cavity of the peritoneum were six pints of straw coloured fluid, having a disagreeable odour.

The whole of the intestines were glued together by bands of organized lymph, filled with soft and hard tubercles—these bands

being with great difficulty torn so as to permit the other organs to be examined.

The transverse colon was bound fast to the peritoneum and the mesentery; glands were filled with the same deposit, a few of the tubercles being softened.

The liver and gall bladder were so firmly adherent to the walls of the abdomen, that they could not be readily removed; a portion of the liver removed, was of a dark red colour, with a hard deposit on its outer surface, with numerous bands of gray scirrhus matter obstructing the circulation, and thus causing the dropsical effusion. The spleen was softened and congested; no deposit in its substance, but it was tied down by adhesions like all the other organs.

The kidneys were very much enlarged, but healthy. The bladder was firmly adherent to the rectum, and much reduced in size, and the mucous membrane was softened and deeply congested.

Remarks.—There is a great difference of opinion as to the cause of cancer of the stomach. By M. Andral the disease is classified with chronic inflammation of the organ. Broussais and his followers believe that cancer is a consequence of inflammatory action. Breschet and Ferras also maintain that it succeeds to irritation, while Adams and Carmichael believed it to be a living being enjoying independent existence.

Cruveilhier, Lobstein, Carswell, and Budd, all think that it is a lesion of secretion or nutrition, and we have as many opinions as there are distinguished pathologists.

If there be a cancerous diathesis, and that according to Budd and Carswell the cancerous matter exists in the blood of such an individual, it appears that a very slight cause, as intemperance, as in the case related, will produce its development more in one organ than another; but ultimately it is distributed by the blood all over the body, and there is no organ that has been exempted from its pernicious influence.

Diagnosis.—The difficulties in the way are very great in making a correct diagnosis, especially when the tumour is situated on the posterior portion of the stomach. It has been often confounded with chronic gastritis and dyspepsia, and even the acid eructations, vomiting of brownish matter, with the lancinating

pains, have all been seen by Andral in a case where the autopsy revealed nothing but chronic gastritis, and he declares that except in those cases where a tumour can be felt, there is no certain sign to distinguish the one affection from the other.

Treatment.—Various remedial means have been used in treatment of this disease, but few remedies exert much influence upon it; and the only two agents which we have to resort to, are arsenic and iodine; the one having been used for ages and the other being of later introduction; and when the one or the other is united with the bicarbonate of potassa, it increases its power, for according to M. Trousseau, patients have been cured by him, presenting all the rational symptoms of commencing scirrhus, and the waters of Vichy which contain it in solution, are very much used in France for the cure of this disease. But when no cure is even to be hoped for, the only thing for the humane physician to do is to make the patient's passage to the grave as easy as possible, by giving large doses of morphia, extract of hemlock, hyoscyamus, or other powerful sedatives which allay pain, and cause the patient to sleep away his life unconscious of the suffering which he endures.

October, 1847.

Anatomico-physiological Notes on the Structure of the Heart of the Sturgeon and of the Ray. By M. Parchappe. *Translated from the "Comptes Rendus" of July*, 1848. By James Bryan, M. D., Professor of Surgery in Geneva Medical College, President of the Philadelphia College of Physicians and Surgeons, &c.

I. *The anatomico-physiological signification of the peculiar structure of the heart of the sturgeon.*—Valsalva, cited by Morgani, advanced the idea that the heart of the sturgeon contains glands which throw out a dark fluid into the ventricle. Huhl, Hoelrenter, Baer, and other anatomists, have described, on the surface of the ventricle of the arterial bulb, and even on the auricle of the heart of the sturgeon, numerous and voluminous enlargements like lobes, having cavities, which did not communicate with the bulb or ventricle.

I have established, by my researches, that these lobulated projections on the heart of the sturgeon, represent the free external surface of sanguine cells, which adhere to the external surface of

the ventricle and bulb; that these blood cells, which have no communication with the cavities of the heart, communicate with each other, and are a continuation of the arterial and venous vessels of the heart; that the walls of these cells are muscular; that the venous and arterial vessels whose origin or termination begins with these cells, leave the heart on a level with the circular ridge, to cross the pericardium, and unite with the other side of this envelope of the venous and arterial trunks, and form in the sturgeon, as I have described in the eel, the basis of cords, formerly considered as simple ligaments.

I interpret the physiology of these anatomical arrangements in the following manner:

1. That the contractile blood-cells of the surface of the heart of the sturgeon act like the ordinary cavities of the heart, the double function of a reservoir, and a propelling agent to the blood.

2. That these cells partake of the characters of the auricle, in receiving blood by the vessels, and of the ventricle in propelling blood through the vessels.

3. That these cells are destined as reservoirs, to receive the blood from the coronary arteries, vivified by the branchial respiration, as agents of propulsion, to drive this vivified blood through the coronary veins to the venous sinus.

4. That the cardiac veins and arteries, do not constitute exclusively, in the heart of the sturgeon, the ordinary and simple circle, at least of the arterial blood, after having traversed a capillary system for the purposes of nutrition, returning disarterialised to the auricle of the heart; that they form canals as it were of another circle, in which the contractile cells occupy the position of capillary vessels, a circle by means of which a considerable portion of the blood arterialised by branchial respiration is turned by the arteries into the blood-cells, from whence by the contraction of these cells, it is driven through the veins to the sinus, which carries to the auricle the venous blood of the system.

II. *Peculiar conformation of the venous sinus of the pericardium, in the heart of the ringed ray.*—Monro first, then other anatomists, have admitted as a remarkable peculiarity, the communication of the pericardium with the abdominal cavity in the ray, and in several other cartilaginous fishes. I am convinced that the cavity of the pericardium in the ringed ray, is formed by a blind pouch as

in the higher animals; and I have observed in this fish a conformation of the pericardium, and an arrangement of the venous sinus, very different from the usual descriptions given by authors.

The venous sinus which opens directly into the auricle of the ray, is situated within the pericardium. It is formed by the union at an acute angle of two considerable vessels, which descend along and adhere to the posterior wall of the ventricle. Arrived at the inferior margin of the ventricle, they remain united by a membrane, which is attached between them, to the ventricle, and accompanies them to the point where they go out of the pericardium, that is to say, to the right and left angles of the base of this cavity, supported by the diaphragm. From this arrangement it follows that the cavity of the pericardium, in its inferior half, is divided from above downwards into two compartments, the one anterior and the other posterior, like a triangular partition. The membrane between the vessels forms the base of the triangle adhering to the pericardium; the two vessels form the free sides, in the cavity of the pericardium: the ventricle completes above and in the middle, this partition, whose summit corresponds to the venous sinus.

The right and left pouches of the outside, placed like a bag above the base of the ventricle, behind the arterial bulb, are supported on this inferior extremity, on each side of the ventricle on the anterior surface of the partition. Behind the partition is the back compartment, which communicates over the venous vessels with the anterior compartment, and terminates below in a *cul de sac*, which rests upon the diaphragm.

The union of the venous vessels, in the cavity of the pericardium behind the ventricle, forms a horizontal sinus, which opens into the auricle, and which may be called *superior and median sinus*. These two vessels open below the diaphragm, and outside of the pericardium in two larger sinuses, which may be called *inferior and lateral sinuses*. These two sinuses are exactly symmetrical. The venous canal arises from the superior part of each, by a round opening. Each of them, besides, communicates by its external part, with a vein imbedded in the cartilaginous mass of the branchial arches; by its inferior portion with the corresponding hepatic vein.

Both the hepatic veins, before opening into the sinuses, are con-

siderably enlarged, and form two ovoid pouches, joined to the diaphragm and to the inferior wall of the sinus. The communication of each of these pouches with the cavity of the corresponding sinus, is made by a round opening, hardly two millimetres in diameter, pierced in the membranous partition of the sinus and of the pouch, and presenting on its arch a species of pad, from which fasciculi of white fibres radiate.

III. *Active valvular arrangement of the auricular opening of the venous sinus in the ray.*—The opening of the superior and middle venous sinus is found in the auricle of the ray, above and behind the auriculo-ventricular orifice, at the union of the two pouches of the auricular cavity. The orifice of the venous sinus is transformed into a long slit, extended from the anterior to the posterior wall of the auricle, by two semi-lunar valves. The superior valve forms the superior lip of the opening, placed on the base of the ventricle, and extends by one of its horns over the posterior wall; by the other and smaller, over the anterior wall. The inferior valve forms the inferior lip of the opening, and extends, in a parallel direction so as, by its horns, to reach the extremity of the horns of the superior valve, and to form a commissure on each side.

Both angles or commissures of the valvular slit close upon thick muscular facicles, from which smaller muscular fibres radiate, to cover the anterior and posterior walls of the auricle. Each of these valvules have in their structure muscular fibres, dispersed length-wise.

We cannot but observe, in studying the whole of this delicate structure, that the orifice of the venous sinus is actively closed by the contraction of muscular fibres, at the instant of the systole of the auricle, like a button-hole whose lips are retracted, at the same time that a double force draws its angles in opposite directions.

BIBLIOGRAPHICAL NOTICES.

Annuaire de Thérapeutique de Matière Médicale, de Pharmacie et de Toxicologie, pour 1848 ; contenant le Résumé des Travaux Thérapeutiques et Toxicologiques publiés en 1847, et les Formules des Médicaments nouveaux, suivi de nouvelles observations sur la Glucosurie, d'une notice sur la Thérapeutique des affections syphilitiques, et d'un mémoire sur l'influence des nerfs pneumogastriques dans la digestion. Par le Dr. A. Bouchardat, Chevalier de la Legion d'Honneur, Agrégé de la Faculté de Médecine de Paris, Pharmacien en Chef de l'Hôtel Dieu, &c. 24mo. pp. 312. Paris, 1848.

Handbuch der Pharmakodynamik fur Aerzte, Wundärzte und Studirende. Nach der neuesten Erfahrungen des In-und Auslandes wie auch nach eigener dreissigjähriger Erfahrung am Krankenbette, kritisch bearbeitet von Martin Wilhelm Plagge, Med. et Chir. Dr. 8vo. s. 680. Braunshweig, 1847.

A Manual of Pharmacodynamics for Physicians, Surgeons and Students, critically prepared after the most recent experience at home and abroad, and a thirty years experience at the bedside. By Martin William Plagge, Doctor of Medicine and Surgery. 8vo. pp. 680. Brunswick, 1847.

The Annual of M. Bouchardat is always welcome to us. It is a résumé of what has been effected during the year on the different departments of which it treats, and is by no means superseded by the semi-annuals of Braithwaite and Ranking, or the periscopes of our different Journals. The author is a skilful pharmacien, and a zealous investigator of therapeutical agencies ; and if there appears too much of the *egomet* ever and anon in his productions, we are led to overlook it in consequence of the mass of valuable material in which it is enveloped.

The present volume contains the wonted amount of 'New Remedy' matter ; and, as usual, the researches of its author on special subjects, to one of which, Diabetes, or, as he terms it,

Glucosurie, there appears to be no end. But we will permit him to tell his own story in regard to the varied contents of his Annual.

"The therapeutical discovery, which has caused the most noise in the year, is, undoubtedly, the employment of ether and chloroform to suppress pain in surgical operations. I have followed with the most scrupulous attention the progress of that great question, and hope that my readers will find brought together, and summed up, the most important facts that appertain to it.

"Pharmacologists have this year concentrated their efforts on the question of purgatives. To make them evacuate in the most agreeable manner is the problem with which they have occupied themselves *à l'envi*. I have collected and given my opinion of the publications that belong to it.

"The *Annuaire* of 1838 contains a *resumé* of the works on therapeutics that throw light on questions relating to the employment of medicines. I may particularly specify the articles that refer to the employment of aconite, veratria, the essence of turpentine, ergot, phosphate of ammonia, the resins of scammony and jalap, pharyngeal cauterization with ammonia, &c.

"Under the title of surgical therapeutics, I have given a summary of the important labours of MM. Blandin, Boyer, Robert, and Chassaignac, on anal tenotomy, hemorrhoidal excrescences, hospital gangrene, and the ophthalmia of the new born.

"I have consulted all the periodical collections. The *Bulletin de Thérapeutique*, especially, has been very useful to me. This journal has lost its chief editor, M. Miquel, but in perusing carefully the volumes for 1847, we see that they need not envy their predecessors, and that M. Debout will continue worthily and honourably a work so eminently practical.

"My own labours occupy a large space in the volume. I may indicate especially the article on atropia, which is common to me and M. Stuart Cooper. It is the *résumé* of a work which we purpose publishing soon on that article of the materia medica, which is destined for a high place in therapeutics.

"I trust that my readers will peruse with interest the case of intermittent fever, which has continued for forty-four years, and the practical remarks on the employment of the sulphate of quinia in intermittent maladies.

"The volume is terminated by memoirs on three different subjects. In the last, M. Sandras and I have fixed the *rôle* of the pneumogastric nerves in digestion, by showing that the section of those nerves suspends stomachal, without throwing any obstacle in the way of intestinal digestion. In appreciating by that experiment this great act, we have confirmed, in the clearest manner, our preceding obser-

vations. In this way we may follow phases of digestion, which are frequently independent of each other.

"The two essays which have reference to *glucosurie* are intended to complete my observations, as well as to reply to objections or critiques to which this portion of my investigations has given occasion." p. vi. &c. &c.

This is not the place to introduce the different formulæ, which M. Bouchardat has given as the result of his own suggestions, but particularly of those of other observers. The volume itself may properly find a place in the library of the progressive practitioner.

The author of the second work, whose title is given at the head of this article, we regret to find, by a notice of the publisher appended to the preface, died soon after the completion of the undertaking, having left materials towards the publication of a "Manual of dietetical, psychical and physical therapeutical agents"—"*Handbuch der diätetischen, psychischen und physikalischen Heilmittel.*" These materials, we are glad to find, are not to be lost to science, but will be transferred by the publisher to competent hands.

M. Plagge's work contains a large amount of useful matter; and is unquestionably one of the best of its class. We can give an idea only of its varied contents. These are:—A history of the use of remedial agents in the case of disease;—on the origin of medical experience; on the theory of the action of medicines; on pharmacological nomenclature, &c.; and on the classification of remedial agents:—after which he considers "special pharmacodynamics, treating the different classes in the following order. In different (dietetical) agents; alcoholic and ethereal; ethereal; oily; resinous; acrid; alkaloid (narcotic;) bitter; astringent; acid; alkaline; saline (with alkaline base;) metallic and nonmetallic (metalloid) elementary. This is followed by a sketch of the most important agents derived from the vegetable kingdom, according to the natural system, and a general view of remedial agents according to the physiological system, which he divides and sub-divides as follows: 1. Cerebro-spinantia, (narcotics of authors.) 2. Stimulantia, (Excitantia, Incitantia, Calefacientia.) 3. Tonica seu Corroborantia. 4. Emollientia et Demulcentia. 5. Refrigerantia seu Temperantia. 6. Evacuantia, including Liquefacientia, Dia-

phoretica, Diuretica, Errhina, Sialaloga [*Sialagoga?*] Expectorantia, Emetica seu Vomitoria, Cathartica seu Purgativa, Emmenagoga, Cholagoga seu Bilitica, Ecbolica seu Contractores Uteri, Acida, Alkalina and Topica.

We need not repeat the observations we made in our last number on the different classifications adopted, and the defects of the one on which we then animadverted. The one before us classifies mercury and iodine under the head of *Liquefacientia* (*verflüssigende Mittel,*) which are defined—"Medicines that increase the secretions, prevent solidification, and consequently aid the fluid processes of the body; and which, by protracted use, indicate a great alteration in the functions of assimilation."

The divisions of the class Cerebro-spinantia appear to us even of more questionable propriety than those adopted by others. They are ten in number. 1. Convulsiva (Tetanica); 2. Paralysantia, (e. g. coneia); 3. Narcotica seu Stupefacientia, (e. g. aconite); 4. Stupefacientia convulsiva (e. g. hydrocyanic acid); 5. Convulsiva, which occasion delirium, followed by sleep and stupor. 6. Stupefacientia paralysantia, pupillam, contrahentia (narcotica hypnotica, e. g. opium); 7. Inebriantia seu stupefacientia paralysantia (e. g. alcohol); and 8. Delirifacientia, pupillam dilatantia et pharyngem et laryngem paralysantia (e. g. belladonna); 9. Sedativa cardiaco-vascularia, (e. g. digitalis); 10. Cerebro-spinantia metallica, in which are included lead, manganese, mercurials when occasioning *Tremor mercurialis*, and the preparations of arsenic, bismuth, copper, silver and zinc, because "they affect the true spinal system as shown by their action in epilepsy and chorea"!! If the object of classification be to simplify, then does it fail in its object here,—for the result is obviously confusion worse confounded.

The volume is concluded with an alphabetical view of the most important diseases and morbid conditions for which the different medicinal agents are recommended—a valuable adjunct to a treatise on the properties of medicines or Pharmacodynamics.

A Treatise on Etherization in Child-Birth. Illustrated by five hundred and sixty-one cases. By WALTER CHANNING, M.D., Professor of Midwifery and Medical Jurisprudence in the University of Cambridge. 8vo. pp. 400. William D. Ticknor and Company: Boston, 1848.

Professor Channing was one of the first, if not the very first, to employ ether for the purpose of relieving the pains of child-birth; it is peculiarly appropriate, therefore, that such a work as the present should come from him, as well as from the city to which we are indebted for our knowledge of the wonderful powers of the agent. His position, and great experience, too, with its use, imposed this obligation upon him, and we are sure that every member of the profession, who has the opportunity of reading the work, will unite with us in returning thanks to him for the labour and ability he has bestowed upon it. The abundant facts contained in the volume, if they do not establish the propriety of using ether for the relief of ordinary labour pains, at least justify, beyond cavil, we think, the utility of the practice in cases of extreme suffering, where there is no extraordinary mechanical difficulty. We confess to having always taught and practised upon the doctrine, that "*meddlesome midwifery is bad,*" and we are not at all prepared to abandon the precept. While, therefore, we cannot *yet* go the length of the author, either in his practice or his reasoning on this subject, we are ready to yield,—have yielded, in fact,—much of our apprehension of danger from the use of ether, upon the ground, that we hope always to be ready to surrender preconceived notions to extensive and enlightened experience. If we had seen nothing of the effects of the remedy ourselves, we should feel bound to yield our prejudices to the authority of facts so numerous, observed by such men as Simpson, Channing, and many others of acknowledged competency, who have reported upon the subject. Having premised thus much, we proceed to notice some of the most prominent points discussed by our author.

Professor Channing contends, that pain is not an essential condition of the parturient process. "The *functional* department of labour," he remarks, "is the *contraction* of the womb, the dilatation of its mouth, vagina, and external organs, which are no more necessarily painful than are those which carry forward, and expel

the contents of the rectum or bladder. There is no pain in the purely functional action of the uterus. Pain is the consequence of *resistance* to the contractions of the womb, which the moving body, the fœtus, encounters in its progress to birth."

This is a most important position, and if it shall be established as sound physiological doctrine, a great objection to the general employment of anæsthetic agents in midwifery will be removed. The only question to be determined then will be, whether we are possessed of means for preventing pain, without interfering with the proper progress of labour, and without additional risk to the mother or offspring. Our author maintains the affirmative.

The following is his explanation of the manner in which etherization acts in obviating the perils of labour: "It gives the demanded relief, by increasing dilatability, diminishing or suspending sensibility, preventing exhaustion, increasing the secretions, taking away the disturbing action of the will; and thus produces results which strike the observer of the first case in which he witnesses it, as if a miracle had been performed in his presence." Such results would appear miraculous indeed. But is the picture not overdrawn? Has imagination lent no colouring to it? It does seem to our cold and skeptical eyes, that enthusiasm—a generous and noble enthusiasm, we grant—has had a full share in the delineation. That etherization diminishes or suspends sensibility to a great degree during labour, and takes away "the disturbing action of the will," accords with our own observation; but that it increases the secretions, and also the dilatability, without suspending uterine contraction, experience has not taught us, neither can we understand how it should be so.

"Let it then be distinctly borne in mind," says our author, "that etherization is not used to suspend *uterine contractions*, (which it most rarely does,) but to prevent *pain*, and, in this way, to make labour safe and happy to both mother and child, and to secure a successful convalescence." He declares, "that in not a single instance of the thousands of recorded cases of child-birth has there been a single untoward result met with during etherization; and what further argument," he asks, "do we want to support the position, that this agency in painful labour, is not only most reasonably demanded by the sufferer, but that it is the solemn duty of the profession to afford to such suffering its certain relief?"

This assertion is hardly reconcilable with the following observation in the concluding part of the same introductory chapter "It is no part of the purpose of the following treatise to teach, or to leave it to be inferred, that no untoward results have not [?] followed, or will not again follow etherization. But I can and do say, that I have not met with an untoward result in any case of midwifery in which etherization has been induced, which, by any violence or ingenuity of explication, can be ascribed to this state as its cause. I have met with no record of such."

Perhaps some of the author's readers may think, in regard to this expression of his belief, that others might arrive at a different conclusion from a consideration of the same facts. While it cannot be denied, that Dr. Channing has been eminently *fortunate* in his use of ether during labour, it is difficult to divest oneself of the impression, that his enthusiasm in a most interesting subject has, imperceptibly to himself, occasionally influenced his perception of things. We do not charge this upon him; but it is difficult for any one to write with so much zeal, on *any subject*, without being obnoxious to it.

The following remarks are quoted from the writings of our illustrious townsman, the late Professor B. Rush. They are certainly very remarkable, and may almost be regarded as prophetic.

"By some divines, these symptoms, and particularly pain, have been considered as a standing and unchangeable punishment of the original disobedience of woman, and, by some physicians, as indispensably necessary to enable the uterus to relieve itself of its burden. By contemplating the numerous instances in which it has pleased God to bless the labours and ingenuity of man, in lessening or destroying the effect of the curse inflicted upon the earth, and by attending to the histories of the total exemption from pain in child-bearing that are recorded of the women in the Brazils, Calabria, and some parts in Africa, and of the small degrees of it which are felt by the Turkish women, who reduce their systems by frequent purges of sweet oil during pregnancy, I was induced to believe pain does not accompany child-bearing by an immutable decree of Heaven." (*Med. Inq. and Observations*, vol. iv. pp. 373, 374.)

Again:

"I have expressed a hope in another place, (Medical Repository, vol. vi.), that a medicine would be discovered that would suspend sensibility altogether, and leave irritability, or the powers of motion, unimpaired, and thereby destroy labour-pains altogether. I was en-

couraged to cherish this hope, by having known delivery to take place, in one instance, during a paroxysm of epilepsy, and having heard of another, during a fit of drunkenness, in a woman attended by Dr. Church, in both of which there was neither consciousness, nor recollection of pain." (Ib. p. 376.)

"Is it not singular to find," says Dr. Channing, "that in the city of our distinguished countryman, where was his fame, and where is his grave, that the great discovery of the age, the remedy of pain, should meet with the most uncompromising opposition? Is it not singular, that the power of fact, the origin and nutriment of all true philosophy, should not be felt and acknowledged in the very atmosphere of medicine and its collateral sciences? Upon those who sit in the seats of the prophets their mantle has fallen so gently, that it seems hardly to be felt. The shadow of the Apostle healed those by the way-side upon whom it fell. The shade of the past has come to us in its beauty and its power. It passes by us, and we hear its gentle, its noiseless word; but we have not faith, and shrink from its important teachings."

From this extract it will be seen, that our author lashes the townsmen of Rush with an unsparing hand, for what he conceives to be their uncompromising opposition to etherization—with what justice we do not exactly see. It is true that some have been less hasty to step into the waters when first troubled, than others, but, for ourselves, we have generally been willing to watch and profit by experience. The pages of the Medical Examiner have been freely open to both sides, and in the reference which is made to ourselves personally, by the author, more of opposition is accorded than we have ever asserted or claimed. We do not say this either in a recanting or complaining mood, but simply for explanation.

The volume is handsomely got up, and is, therefore, mechanically, as well as otherwise, worthy of a place in every good medical library.

Transactions of the American Medical Association. Vol. 1, 1848, pp. 403, 8vo. Philadelphia: Printed for the Association.

It was with no small emotion that we began the perusal of the first volume of the Transactions of an Association, which, by its title, composition, and heralded aim, is meant to represent the medical profession in the United States. If we have been less sanguine of the successful results of these combined efforts, we

should say rather of the intention to secure combined efforts, than some of our friends, it is not because we undervalue the importance of the objects, or the zeal and ability of those enlisted for their attainment; but because of inherent difficulties, to overcome which, demands a matured plan, a good deal of experience, and a prudent spirit of compromise as well as of conciliation. Influenced by these considerations, we cannot be supposed to join in the *io pæan* for a triumph not yet achieved, nor, on the other hand, to examine in an over critical mood the officially recorded acts of the new association.

The first and second conventions, held in New York in 1846, and in Philadelphia in 1847, from which originated the American Medical Association, were occupied with preliminary measures of organization, and the highly important subjects of ethics and medical education. In the main, a tolerably general, and, in some instances, a decidedly cordial assent to the recommendations on these subjects, has been given by the profession throughout the United States. Of their entire appositeness and wisdom, we have expressed some doubts on former occasions, in this journal, and we may hereafter feel ourselves called upon to offer farther dissent. This will be, however, more against extreme views than against ameliorations and improvements, the utility of which we would be slow to contest. For the present, our attention will be more particularly directed to the reports of the several committees on *Practical Medicine*, *Surgery*, and *Obstetrics*, and on *Medical Sciences* and *Medical Literature*, made at the meeting of the association in Baltimore, in compliance with the terms of their appointment the preceding year in Philadelphia. These committees consisted, each, of five members; of whom three resided in the same place. It was thought that, in this way, the services of a majority of each committee would be secured for ready conference and conjoint labour; while the assistance of the remoter members could be obtained, by their written advice or contribution towards the elucidation of a designated subject. Good as was the scheme in theory, its actual workings have not, we fear, corresponded with the design of the association in framing it. For the most part, the reports, so far, have been the work of the chairmen of the respective committees, unless the gentleman first named on the list has been prevented by unforeseen obstacles, from applying

himself to the assigned task. It may have happened, in the case of some of the reports of a date antecedent to those contained in the present volume, that the chairman who had industriously collected and arranged materials for the report, with the apparent concurrence of his immediate associates, has been suddenly tripped up, and his homogeneous collection replaced by hasty gatherings from various quarters, including some from his own store. But the point to which we would more particularly advert, just now, is, that the reports in the volume before us are, mostly, the work of individuals, and not of the collected intelligence and learning of the committees. We make this remark in justice both to the members composing the latter, and to the reporters themselves; and not with a design to censure, or to offer a substitute for the present system, which, it should be remembered, is the one pursued in nearly all deliberative assemblies. Perhaps misconception, at a distance, would be prevented by a general imitation of the practice of the Philadelphia College of Physicians, which designates one member to report annually on a branch of medical science. An awkward feature in the common plan of committee reports is, that the members sometimes affix their signature to an exhibition of facts and opinions to which they have barely directed their attention, certainly have not studied them in their chief bearings. Occasionally, too, a direct contradiction is seen between the views and criticisms advanced in the report, and those antecedently held and promulgated by some of the signers. Of this we shall offer an example, at least, when we come to notice specifically the reports in the present volume.

The embarrassment unavoidably growing out of the difficulty, not to say impossibility of assigning fixed limits to the several divisions of medicine, including both its science and its practice, is apparent in the reports presented to the association. Thus, for example, Dr. Wragg, in reporting on "Medical Sciences," and Dr. Joseph M. Smith on "Practical Medicine," meet on the field of pathology and therapeutics—as on ground common to both of them. Of more importance to the reader is the pleasant reflection, that each of these gentlemen has brought together a valuable array of facts and conclusions, well calculated to advance the cause both of medical science and of medical practice. In Dr. Wragg's neat summary, "Hygiène" has not received the propor-

tionate share of notice to which its vast importance entitles it. In this we but find, we are sorry to say, an indication of the too general indifference with which the whole subject is regarded by the great body of the profession, wherever the English language is spoken.

Dr. Smith, in his etiological inquiries, transports us from the practice into the theory of medicine, but in a manner which we can scarcely blame, so gentle is the transition. His chief theme being Epidemics, it was difficult to avoid the course which he has taken. We cannot praise his division of epidemics into *Contagious*, *Infectious* and *Meteoratious*, even if we were more assured of the last word being pure English, and framed in conformity with the analogy in such cases. The substantive, *meteoration*, also used by him, sounds harshly to our ears. The chief part of the report by Dr. Smith is devoted to typhus fever, and its chief ally, if not other self, typhoid fever, for the study of which, the vast number of emigrants from Europe, arriving in New York and other cities on the Atlantic sea-board, who were victims to the disease, have furnished ample materials. Dr. Smith believes that the facts which he enumerates, "fully warrant the inference, that the diffusion of typhus is favoured by a peculiar ærial influence which occurs periodically. Such an influence is sometimes widely extended." He tells us: "But although the disease among residents has, in most instances, been traceable to exposure to the poison, emanating from the persons and effects of emigrants, there is reason to believe that it has, in some instances, originated *de novo* in the close and sordid dwellings of the poor in our large seaport towns; and that the mortality from the disease has been augmented from such sources."

Dr. Smith proclaims his conviction of the identity of typhus and typhoid fever, for, as he tells us, "every where (in the report) have the two forms of disease been associated and looked upon as one and the same malady." He confirms this proposition in a review of the symptomatology and morbid anatomy of typhus and typhoid fever; and by a citation of cases which imparts the force of conviction to our minds.

Appended to this report is a paper, of no small practical importance, on *Œdematous Laryngitis*, by Gurdon Buck, Jr. M. D., Surgeon to the New York Hospital. The object of the writer is

to show the success with which this ever alarming and so often fatal disease has been treated by means of "scarifications of the glottis and epiglottis." Four plates are introduced; two exhibiting the morbid condition of the parts in cases of typhus, another a view of them and the manner in which they are reached in the operation, and a fourth of the instruments used for the latter purpose.

The "Report of the Committee on Surgery," consists of two parts; the first read by Dr. Norris, the second by Dr. Parrish. The chief topics in the former, are lithotomy and lithotrity, the treatment of aneurism by compression, of hydrocele and other serous effusions by iodine injections, and of fractures of the condyles of the *os humeri*. The Reporter concludes with directing attention "to derangement of the cerebral functions, following ligature of the common carotid artery." Dr. Parrish read the portion of the report on "Anæsthetic Agents," in which (including an appendix) he embodies a large number of cases and conclusions on the highly important, but still unsettled question, of the real value of these agents in surgery. Dr. H. J. Bigelow supplied the first paper in this appendix, under the title of "Anæsthetic Agents, their mode of Exhibition and Physiological Effects," followed by a "List of Patients, who have inhaled ether or chloroform for surgical operations in the Massachusetts General Hospital up to April 1st, 1848." A similar table has been furnished by Dr. Watson for the First and Second Surgical Divisions of the New York Hospital. Dr. H. H. Smith and Dr. Mütter report the cases in which these agents were used in the clinics of the University of Pennsylvania and of the Jefferson Medical College. Dr. Mussey, in a letter, communicates the results of his experience in twenty-two operations.

The "Report of the Committee on Obstetrics," made by Dr. Harvey Lindsly, consists, with two exceptions, of a brief summary of the utility, and conditions for the use of anæsthetic agents in the practice of midwifery. The exceptions are: "The use of ice to promote uterine contractions," and of the roots of the cotton plant for the same purpose. Without meaning to detract from the importance of the topic selected, we cannot but believe that a much wider range of inquiry was demanded of the reporter, so that he might have done more justice to the department of Obstetrics, which presents so many aspects of interest to the practitioner.

The "Report of the Committee on Education," was read by Dr. Wellford. Every member took a part in the preparation of the report, as we learn from a note at the end of it; but "the chairman (Dr. Stevens,) takes occasion to offer his thanks to Dr. Pliny Earle, to whom it chiefly owes its present form." In addition to repeating the recommendations of the committees on preliminary education, and on the requisites for graduation, submitted to the Medical Convention which assembled in Philadelphia, the present one urges, in the shape of resolutions, the importance of attention to sundry observances on the part of the faculties of medical schools and the trustees of hospitals, for rendering medical instruction, more demonstrative and clinical. These resolutions and other parts of the report will find a place in our pages, accompanied, most probably, by some commentaries on the feasibility and value of the reforms recommended.

The "*Report of the Committee on Medical Literature,*" falls short of the requirements of the subject. Dr. Holmes relieves, it is true, the tediousness necessarily arising from an enumeration of the titles of works, by lively sallies and sparkling epithets; but he scarcely goes below the surface. He culls here a bud, there a flower; but we miss the matured fruit, nor is the necessary culture for the largest product pointed out. In vain will the student look for a knowledge of the beginning and progress of our medical literature; and of the circumstances which might favor its vigorous development. Something more than a lively imagination and a hurried glance over the titles of books and journals is required for the performance of the task assigned, for the nonce, to the committee of the American Medical Association, and in this instance undertaken by the chairman, Dr. Holmes. This gentleman winds up his report by indicating what he believes to be the obstacles to the attainment of an independent medical literature, and, also, the signs—we cannot call them reasons—why there should be such independence in our medical investigations. But we will give his own language on the occasion, as follows:

"Two fatal influences have acted not merely on medical science, but on all natural science in this country. The first is the habit of indolence generated by the easy acquisition of a foreign literature which seems to answer every necessary purpose. The second is

the habit of negligence which springs from the curious fact of a constant parallelism, which is not identity, in most natural objects and phenomena of the New World, with something of the older continent. In literature this has enfeebled the relation between words and realities; in science it has induced the same laxity and incoherence. The American constitution must be studied by itself—it differs from the European in outline, in proportions, in the obvious character of the skin and hair—why should it not differ in the susceptibilities which, awakened, become disease? The American climate remoulds the European, and casts a new die of humanity—will it not generate causes of disease different from those of the Old World? Over this virgin soil a new Flora is waving her long web of tapestry, flowing from the lichens of Katahdin to the myrtles of Cape Sable; is there no undiscovered healing in any of its leafy and blossoming folds? Here is the true field for the American medical intellect; not to set English portraits of disease in American frames; not to trust for immortality to a little more or less of manual adroitness or questionable hardihood; but to co-operate with that fast-gathering band of students who, in other departments of science, are studying what nature has done with her American elements, and teach us what disease is here, how it is generated, and what kindly antidotes have been sown in the same furrows with its fatal seeds."

Pleasant reading is this same passage of Dr. Holmes—poetical, and not wanting in terseness withal; but of its logic we have some doubts. Room is not allowed us to engage in the general argument, as to the real influence and effects of the literature of England on the American mind. It is barely possible that, by this time, we might possess more original poets and essayists, if all intercourse had been cut off between the Pilgrim Fathers, to the north, and the cavalier gentry to the south, and their father-land. We might, perhaps, have a more fully described Flora, and a more salient Zoology. It is not, however, by any means clear that we should possess as many readers, as widely diffused and as much general knowledge, and as many incentives, in the way of suggestion and example, to all kinds of intellectual labour, as now characterize our people. Our language might exhibit the pedantry of the first James, or abound in the euphuisms of the Elizabethean age, but it would scarcely exhibit the copiousness and flexibility which now belong to it. It may be alleged that, in this as in the various departments of literature, scholastic and imaginative, there would have been here, as there has in England, a gradual development, until something like a distinctive and national character

was attained. We cannot forget, however, our peculiar position and wants, nor how much of our time and energies, during all this period, from the first embarkation down to the present day, has been expended on the material world; and how little was allowed for our attaining profound scholarship, or opening new sources of invention and imagination. If we had been cut off from English literature and science during all this time, would our colleges be now more numerous and better endowed; our press more vigorous and diversified in its manifestations; the intelligence of the people of a higher standard; the useful arts richer in application, and the fine arts have enlisted more genius and gratified more tastes? We do not believe they would. On the contrary, deprived of much varied and substantial aliment, as well as of allowable condiments, from abroad, the national mind would have suffered in consequence, if not from positive inanition, at any rate from defective and irregular functional exercise—coarse excitement alternating with apathy and languor—the condition, in a somewhat better degree, of the aboriginal Indian. Besides, the question is complicated by the fact, that opportunity could not be given for the evolution and augmentation of American literature, unaffected by European immigration, and especially of immigrants speaking the English language, even if literary non-intercourse had prevailed. Most wisely, and for us, happily, has it been ordained, that, during all the time in which Europe has been sending so many of her ignorant and destitute inhabitants to the United States, she has, also, sent a perennial supply of the intellectual productions of her chosen sons, whose treasures of historic and philosophic lore, and beautiful imaginings in poetry and the arts of design, should be regarded as an equivalent to the expenses to which their fellow-countrymen may, from time to time, have subjected us, as well as a corrective of the more serious evils of moral and intellectual deterioration.

Dr. Holmes overrates the influence of "the habits of indolence generated by the easy acquisition of a foreign literature which seems to answer every necessary purpose," in qualifying it as a fatal one. If a literature be rich and productive, the easy terms on which it is acquired can hardly stand in the way of its usefulness. Men are not prone to undervalue the knowledge procured by genius with scarcely an effort; or to aver that it is dele-

terious to the possessor, and that its healthy and advantageous use depends on the slowness and difficulty with which it is attained One might be led to infer from the strain of Dr. Holmes' remarks, that the American people are suffering from cerebral dyspepsia, the result of inordinate cramming of the intellect with English literature and science, in as fearful a manner as their gastric functions and nervous system, generally, are deranged by ardent spirits and tobacco. Would his fears lead him to advocate a high tariff on the productions of English mind, similar to that which many have thought requisite on the productions of English machinery and handicraft? Or, would he imitate the more exclusive patriot, and refuse to clothe himself in English ideas or modes of thought, and abjure English ornaments of speech, whether in poetry or oratory?

Such a view as that advanced in the report not only fails to represent the actual condition of medical science among us, but it does injustice to the American mind; the extreme activity and wide grasp, not to say restless energy and unceasing adventures of which, prove any thing rather than indolence or the apathy that may be supposed to result from a too ready and excessive repletion. When it speaks through the press, in journals, or separate essays, or from the professor's chair, either in his commemorative discourses or in his regular lectures, do we find it manacled by foreign technicalities, and oppressed by lore, either ancient or modern? We opine not. It is greedy for literary aliment; but in general, for reasons already assigned, it has neither the time nor the opportunity for a very nice selection and deliberate appropriation. It suffers more from defect than excess of supply; from a difficult rather than from an easy acquisition. Ask the practitioners of medicine, both in town and country, spread over the vast area of the United States, whether they have fallen into habits of indolence from a too easy acquisition of English medical science, and from having over-read; and whether their patriotism and pride are hurt by being invited to look at "English portraits of disease in American frames?" We rather think that the answer will be: "Situated as we are, drudges in the daily and often nightly routine of hurrying and exhausting occupation, with little time to contribute ourselves, and with small expectation of much methodical contribution from our associates, rather than look at bare walls, or content ourselves with a few rough home sketches,

we will take, without grudging, English portraits of disease in American frames. We will not find fault with those who made the frames, because they did not paint the portraits."

The figurative style of rebuke in the words to be now quoted from the report, is meant to apply to the system of editing the works of British authors, which is designated as " the great *forte* of American medical scholarship." Some of its abuses are pointed out in the following :

" Sometimes the additions by the 'American Editor' have been real and important, oftener nominal and insignificant. The following calculation of the proportion added to different recently published works, taken at random, will show the average amount of material so contributed. The Editor's proportion was, in two instances, one fourth; in two more one-eighth; in one one-ninth : in another one-tenth ; in others one-fifteenth, one-seventeenth, one-nineteenth, one-twentieth, one-twenty-eighth, one-fifty-ninth, one-sixty-fifth, one-ninetieth, one hundred and seventh, and, in one instance, such a sprinkling as a single penful of ink might furnish, and leave enough to spare for a flourishing autograph. The fairest fruits of British genius and research are shaken into the lap of the American student, and the great danger seems to be, that in place of the genuine culture of our own fields, the creative energy of the country shall manifest itself in generating a race of *curculios* to revel in voracious indolence upon the products of a foreign soil!"

The point of this amusing sarcasm is not at all blunted by the fact, that the reporter, Dr. Holmes, did, himself, some ten or twelve years ago, in conjunction with his friend, Dr. Bigelow, figure in the capacity of editor of Dr. Marshall Hall's work on the Practice of Medicine. Whether the want of a second call for his editorial services on this book has quickened the perceptions of Dr. Holmes to the vanity and bad effects of the practice, we will not take upon ourselves to say. But, our friend Dr. Bell is one of the signers of this report, and so far, formally, an approver of the ridicule cast on the poor editors. He has no cause of complaint, that his labours have not been well received. It may be, that both he and the Chairman of the report, like true penitents, seeing the error of their ways, have agreed to inflict on themselves, as penance, this public chastisement, in lieu of stripes. We shall not be surprised, after this, to learn that Dr. Bell has detached himself from the partnership with Dr. Stokes, and has determined, on the next occasion that offers, to set up for himself.

On our part, however, we are not disposed to recommend an abandonment of the practice of editing, because it has been abused. Dr. Holmes's reading must have supplied him with abundant examples of it, in the literature of other nations, and of its having been undertaken by men of unquestionable ability, and not lacking, when the case required it, originality. Dr. Bell will allow us to make use of some of the references made by him in his *Bulletin of Medical Science*, August, 1846, on this topic.

"Reverting to medical literature, and coming near home, our friend Dr. Meigs of the Jefferson College will not, we are sure, accuse us of uncalled for personality, if we assert that he was not the less able and willing to write his own work on Midwifery, after having translated and edited that of Velpeau; nor did he think that he was attaching himself, as a parasite, to a work of merit issuing from the French press, when, owing to his want of time to prepare an original volume on the Diseases of Females, he translated that of Colombat, and enriched it with a large body of notes. South, the translator and copious commentator of the Surgery of Chelius, now in its passage through the press, is not twitted for his servile labour; but, on the contrary, receives from his countrymeu all praise for his industry and talent. Dr. Gross, in the early period of his professional career, in this city, was known and esteemed for his translations from the French and German; and, afterwards, he did not think it beneath him to edit Liston's Elements of Surgery, although, in the meantime, he had brought out his elaborate work on Pathological Anatomy. We are sure that he does not regret his exercises as translator and commentator, nor think that they interfered with the originality of his work on 'Wounds of the Intestines,' any more than that they have weakened him for his present career as a successful surgeon and able lecturer."

Continuing the examples thus pertinently introduced, we would cite the experience of Dr. Condie, whose long previous labours, as translator, commentator and journalist, do not seem to have disqualified him for writing his excellent and approved treatise on the Diseases of Children. The immediate precursor of this work, was his edition of Evanson and Maunsell, on the same subject. So, also, the conjunction of the Clinical Lectures of Dr. Gerhard with those of Dr. Graves cannot be adduced in proof of any conscious inferiority or feeling of literary dependence, on the part of the American associate. That the practice which we are now defending, is not entirely unknown in Great Britain, appears in the last Dublin edition of Dr. Graves' Lectures, which are brought out, we

observe, under the editorial supervision of Dr. Neligan. This last named gentleman does not seem to be under any apprehension of forfeiting his previous standing, as the author of a "Treatise on Medicines," or of being thought parasitical, or classed with the *curculio* tribe, by his professional brethren.

The question may be stated in another way. A physician in place of writing a slim octavo, containing the result of his observations and study of a particular disease, or a class or series of diseases, may deem it advisable, at the suggestion of a publisher, to distribute his materials, in the shape of notes or commentaries, through a work by another writer. If he appear before the public in the first case, with his name alone on the title page, he is called the author of an original work. But as editor, he becomes merely a parasite, *curculio*, &c., in the opinion of certain critics. His medical brethren who read, do not, however, join in these sentiments. They prefer, and this publishers who feel the public pulse well know, edited works. A volume on Materia Medica is not deteriorated in their eyes, by its being a translation from the French or German, or by its having notes and appendix by an "American Editor," in which the virtues of our indigenous plants are set forth, and their modes of preparation and other matters in the American pharmacopœia detailed. So, also, in the pathology and treatment of disease by an English or a continental writer, a corrective of extreme views or of a fashion of practice not adapted to our climate, and contradicted by home experience, may be introduced in notes. Even in its literary aspect, an additional case, an emendation of date, a new reference, can hardly be called intrusive or superfluous—especially when we bear in mind the circumstances of the great body of medical readers, who have not the time for comparing and collating among their own literary stores, even if these were more ample than they usually are.

We must believe that the late Dr. Rush was of this opinion, when he introduced to the American profession the writers whom he most prized, with notes, in the way of addition and commentary. He, who signed the declaration of political independence, and who was as desirous as man could be, to throw off all the technical trammels of the European schools, did not deem his patriotism

tarnished, or his own professional dignity abated, by his becoming an "American Editor," or by his setting "English portraits of disease in American frames.' If it were necessary to enforce farther the argument, it would be easy to show, that the fashion of editing is common enough in works on theology,* polemical divinity, and law. Let, then, our reviewers and reporters of committees confine their critical and censorial duties to an inquiry into the manner in which the task of editing is performed, in each particular case in which it is brought to their notice; but not indulge in wholesale and indiscriminate censures of the practice in general, which are both illiberal, and, so far as they are opposed to literary progress, illiterate.

In commenting on the main points of the report of Dr. Holmes, we bear in mind his position as teacher and author in the profession, to say nothing of an enviable fame acquired in other departments of literature. These justify a freedom of remark which would be misspent on inferior minds; but which he can, we believe, not only tolerate, but relish, as it evinces some of that independence of opinion and judgment, which he himself seldom withholds when demanded by the occasion. We must not conclude, however, without apprising our readers of the divisions of his report, and the scope of his narrative, for such it is, in a great degree. The committee, in taking a summary retrospect of what has been done in the several branches of medicine, have saved their successors much trouble, and the tediousness of the long array of names which, in the present report, have been unavoidably enumerated. This should be taken into account, in forming an opinion of the labours of the reporter on the present occasion. He must have felt an embarrassment, in framing a philosophic view and exhibiting distinctive traits among the successive crowds of titles of books and essays, similar to that of which Boileau so feelingly complained, when he wished to reduce to poetic measure and rhyme the impracticable names of Dutch towns and rivers, in his ode to the praises of the great king, on the occasion of the campaign of the latter in Holland.

* We have just now before us the title of a work, which runs as follows: "Contemplations of Sacred History—altered from the works of Bishop Hall. By the Rev. George Henry Glasse." No threat of excommunication, no injunction, no sneers of lofty disdain, followed this well-meant labour of Mr. Glasse, which went to the length even of alterations of the original work.

"Periodical Medical Publications in the United States," is the first division of the Report. The merit of the plan of the first medical and periodical publication which appeared in this country, is awarded to Dr. Elihu H. Smith, of New York. He associated in his enterprise Dr. Edward Miller and Dr. Samuel L. Mitchell; and in August, 1797, the first number of the new journal appeared, under the name of the "*New York Medical Repository.*" Next in order of time, was the *Philadelphia Medical and Physical Journal*, 1804. "The New England Journal of Medicine and Surgery," was commenced at Boston, in the year 1812, and continued until 1826. In enumerating many of the papers contributed to the different Journals, those by one of the committee are omitted. We do not see the necessity of the committee being subjected to a self-denying ordinance of this kind. Among the numerous contributions to Dr. Chapman's Journal, in essays and reviews, by Dr. Bell, the paper of the latter on *Miasm* fairly belongs to our medical literature, both on account of the importance of the subject and of the novel view taken by the author; one deemed at the time very heterodox, but to which the tendency of later inquiries gives countenance. So, also, we miss, in the list of papers published in the "North American Medical and Surgical Journal," those in two successive numbers, by Drs. Mitchell and Bell, on the Small Pox and Varioloid Epidemic, which prevailed in Philadelphia in the years 1823 and 1824. They consist of a meteorological register, a description of variola and varioloid, illustrated with cases and *post mortem* details, and statistical returns, together with an appreciation of the value of vaccination, in a fashion which would not be unacceptable even to the Louis school. These papers were fully noticed and largely copied, in the European Journals at the time; and, if our memory serves us, a translation of them entire was inserted in the *Journal des Progres*, &c. As it was the express design of the committee to specify the Journals which had been, as well as those which are now being published, we marvel at their entire silence respecting the *American Medical Intelligencer*, which was brought out conjointly with the *Medical Library*, under the editorial direction of Dr. Dunglison, as was, at first, the *Eclectic Journal of Medicine*, and afterwards the *Bulletin of Medical Science* with the *Medical Library*, edited by Dr. Bell. A like omission occurs in the case of Dr. G.

S. Pattison's Library and Journal, of antecedent date, published in Washington by Mr. Duff Green.

When describing the general plan of division of subjects in the medical Journals, the reporter indulges in a few piquant sallies on the distribution of printed puff to the several expectants—importunate friends, dull dignitaries, and actual or expected Mecænases—and on the repetition, in Journal after Journal, of the same article. "The ring of editors sit on each other's laps, with perfect propriety, and great convenience, it is true, but with a wonderful saving in the article of furniture." A disclaimer immediately follows against any intention "to undervalue the great amount of intelligence and industry embodied in these periodicals, or to make any return of ingratitude to the faithful servants of science and humanity, who, in the midst of innumerable distractions, and often at an absolute sacrifice of their material interests, are giving their time and health, and substance, to the demands of the most exhausting department of mental labour." To this we of course must respond in terms and tone of hearty assent.

In connection with the subject of periodical literature, the reports of societies and of public institutions are introduced by Dr. Holmes. He speaks in terms of deserved commendation of the Transactions of the College of Physicians of Philadelphia; but he is at fault when, among the reports read to that body, he specifies one on Cholera by Drs. Bell and Condie. These gentlemen are authors of a small volume on this disease, which was published in 1832, and reached, in a few months, a second edition. The fact may perhaps have transpired, that Dr. Bell, as a member of a committee appointed by the College, prepared a report on Cholera, which was published in pamphlet form, a short time before the appearance of the disease in Philadelphia. Favorable notice is taken of papers published by the Massachusetts Medical Society, and of the Transactions of the State Medical Society of New York. Similar praise is due to the Transactions of the Medical Society of Tennessee, the mention of which was forgotten by the Reporter. Next, we are referred to the numerous reports from the Insane Asylums which, of late years, have been growing up in many States of the Union. "The character of the men who have been selected to manage these institutions, reflects the highest honor on the medical profession which furnished them. It would be difficult to find any body of public servants, combining a greater

amount of benevolent spirit and intellectual capacity than the superintendents of these asylums." High praise this; but not beyond the merits of the parties to whom it is awarded. Then follows a brief enumeration of the more important articles which have appeared in the Journals, within the year preceding the report. We need not repeat the list here, nor the remarks interspersed through it, which are, however, in the main just and well expressed.

"In proceeding to the second division of their task, the Committee have thought it expedient, as in the portion just finished, to take a retrospective glance at the prominent works which have been published in this country in the several departments of Medical Science. They cannot pretend to give a complete catalogue, nor to criticise or characterize all the works they mention. For the sake of convenience, these works have been arranged under general heads, the first place being usually given to original productions and compilations by American authors, the second to translations from other languages, and the third to re-prints of books written or translated elsewhere." After this, we are introduced to the authors of numerous works, under the several heads of Anatomy, Physiology, Surgery, Theory and Practice. "Among the American medical authors" who "have written express treatises on the yellow fever," we find the name of Carey, who is promoted to this distinguished company, on the authority of Dr. Bartlett. The brief narrative of Mr. Mathew Carey, conveys some details and impressions which are not without interest; but, as the work of a gentleman who did not belong to the profession, and who made no pretensions to medical knowledge, we cannot understand how it should come under the head of "express treatises" on Yellow Fever. Is there not some covert satire in the Reporter's introducing a Mr. Halsted's "Account of the New Method of curing Dyspepsia," as so prominently representing the *Diseases of the Digestive Functions* in American Medical Literature? It is the only work whose title is given under this head. Some curiosity and no little credulity were displayed at the time, in New York and Philadelphia, when Mr. Halsted, at first as an amateur, and afterwards as the vender of a secret remedy for dyspepsia, promised cures to the afflicted—especially, he ought to have said, to those endowed with a lively imagination. The

publication of the method of treatment, soon, however, dispelled the charm of Mr. Halsted's book, which is now, for the first time, presented as a part and specimen of American medical literature.

Dr. Clymer is mentioned in the report, with Willis and Bird, as having composed a volume on Urinary Diseases. We believe, that like some others of our friends whom we wot of, the chief evidence as yet accessible to the reader, is the publisher's announcement of Dr. C.'s intention to write such a work. The same remark applies to the lectures of Baillarger on Insanity, enumerated, in the report, among the works on this subject republished in the United States. We were not aware, before now, that our friend Warrington, so praiseworthy for his indefatigable efforts to instruct students, had written a Treatise on Midwifery, which is placed in the report on the same line with the productions of Bard, Dewees, Meigs and Tucker, as contributing, with them, to "the library of American authors"—on obstetrics. His Catechism of Midwifery comes under another category, with the "Manual of Ludlow," the "Medical Student" of Dunglison, and the Vade-Mecum of Mendenhall. Probably in the hurry of transcribing, the name of Churchill was omitted in the list of British authors on Midwifery, whose works "have been appropriated and sometimes improved by successive generations of editors." The omission is the more to be regretted, as Churchill's is a work of admitted excellence, to say nothing of the additions made by the American editor: so acceptable, indeed, has it been to our countrymen, that it has passed through three American editions in a little more than as many years.

The name of Dr. Dunglison ought to have been included among the authors of systematic treatises on *Materia Medica;* and to have displaced that of "Carpenter." We do not know of an American Dr. Carpenter, who has written on the Materia Medica, in a professional sense and for the perusal of the profession. If the Reporter had thought it worth while to notice the subject of Therapeutics in connection with Materia Medica, he would scarcely have placed on the same line, and without any discriminating remark, the compiler of a Medical Formulary, or of a druggist and apothecary's Manual, with the author of an elaborate work on Materia Medica and Therapeutics. To this error, of regarding as unit in plan and general outlines works differing from each other in many important particulars, may be traced the remark of the

Reporter: "The works of Barton, Bigelow, Coxe, Chapman and Eberle, have been, to a great extent, replaced by those of Wood and Bache, the well deserved popularity of which is still continued." The merits of this last mentioned production rest on a firmer foundation than its alleged replacing, that of Chapman or of Eberle, either of which is dissimilar to, and, of course, not replaceable by it. The same remark applies to the works (on Medical Botany) of Barton (Wm. P. C.) and Bigelow. The name merely of "Barton" fails to convey a knowledge of there having been two writers thus called, in the present category; viz., Dr. Benjamin Smith Barton, and his nephew, Dr. Wm. P. C. Barton. The former is author of "Collections for an Essay towards a Materia Medica of the United States;" the latter of a work on Medical Botany. Under this last title come "the illustrated editions of Griffith and Carson."

In speaking of the writers on the *Diseases of Women*, reference is made to a volume of letters, "by the same hand to which the translation of Colombat was owing." We do not see any prior notice of the treatise of Colombat, and the reader, not before cognizant of the fact, would not know that the translator of the French work, and the author of the lectures, is our friend Dr. C. D. Meigs.

"Introductory Lectures" and "Theses" are made, quite appropriately, themes for well grounded remarks by the Reporter. Prizes for the best dssertations upon certain specified subjects, is another feature which is also recorded. Dr. Holmes's modesty prevented him from informing us, that he had, himself, won two Boylston prizes, for Dissertations on *Intermittent Fever* and on *Neuralgia*. The critical comments upon the character and tendency of American Medical Literature are brief and pointed. Those on periodical literature are appropriate, as far as they go. From the opinions respecting the alleged obstacles to the progress of medical science in general, we have already offered our dissent, and we shall not now resume the argument.

Dr. Holmes bears rather hard on the editors of journals, for the numerous typographical blunders by which these works are disfigured. He could not anticipate at the time when he wrote the report, that it, also, would be marred in a similar manner; a result the less to be expected, as ample time was allowed, in the slow

passage of the Transactions through the press, for the exercise of searching microscopical vision by the Publishing Committee. The first example, and a vexatious one, that presents itself to us, is the substitution of "Stevens" for Stearns, when it is said (page 250) of a letter in the eleventh volume of the New York Medical Repository, that it " introduced to the world the wonderful properties of Ergot." So far as the first volume of Transactions of the American Medical Association may be supposed to circulate and to acquire the weight of authority, will its readers, and especially those on the other side of the Atlantic, be misled, and Dr. Stearns to the same extent be deprived of his merited distinction. Of less moment are the following : " which " for whom, when speaking of Dr. Miller, as " one of the most original thinkers and observers which this country has produced," (p. 250) and " four first " for first four, (p. 287.)

The next *Report* is *of the Committee on Publication*, followed by the *Code of Ethics of the Philadelphia College of Pharmacy ; A Statement in Relation to the United States Naval Medical Corps ; A Communication on Hygiene from the Medical Department of the National Medical Institute ; A Statement relative to the Extent to which Drugs are falsified, particularly with a view to their sale in the United States ; A Memorial to the Senate and House of Representatives in Congress assembled ; An Act to prevent the Importation of Adulterated and Spurious Drugs and Medicines, approved 29th June*, 1848. *The Report of the Committee on the Registration of Births, Marriages and Deaths*, by Dr. Griscom, is chiefly an invocation to the profession, for the purpose of arousing the attention of the State Governments to the value and necessity of a general adoption of the measure of registration. Reference is made to the fact of registration laws being in full force in the States of Massachusetts and New York, and of steps having been taken in some others to give effect to the recommendation of the Association.

Dr. N. S. Davis, on behalf of the *Committee on Indigenous Medical Botany*, made a report, prefaced with some observations setting forth : 1. The necessity of searching diligently for new and more efficient agents in the Materia Medica. 2. The advantage, on the score both of duty and policy, of studying " the general science of botany," with a view of neutralising the influence of

Thompsonian and "Botanic" doctors; and, 3. The greater security, in the use of indigenous vegetable remedies, against adulteration and fraudulent substitutes. He communicates the pleasant information, that, recently, the profession has been favoured with a very complete catalogue of the medicinal plants of New York, by Dr. C. A. Lee. Dr. S. W. Williams and Dr. F. P. Porcher, the members of the committee from Massachusetts and South Carolina, also placed in the hands of the Chairman manuscript reports, containing very full lists of the medical plants of these states, arranged according to their natural order. The body of the report consists of a particular account of such articles as the time of the committee enabled them satisfactorily to investigate. These are: 1. RUMEX: *Water Dock, or Yellow Dock ;* 2. LYCOPUS VIRGINICUS: *Bugle weed ;* 3. HAMAMELIS VIRGINICA: *Witch Hazel ;* 4. CIMICIFUGA RACEMOSA: *Actaea Racemosa, Black Cohosh.* We shall probably return to this report, ere long.

The concluding *Reports* are, on the *Number of Practitioners of Medicine in Virginia, also in Delaware and Massachusetts.* To these succeed papers, entitled, *A New Feature in the Anatomical Structure of the Genito-Urinary Organs, not hitherto described,* By Gurdon Buck, Jr., M.D. Illustrated with a Plate. Also, *Ophthalmitis Postfebrilis ;* and *A Catalogue of the Officers and Permanent Members of the American Medical Association.*

Some of the members of the Association are displaced from their homes in quite an arbitrary fashion by the Committee of Publication. Thus, for instance, Drs. Bell, Biddle, and Bond, of Philadelphia, are made denizens of Lancaster, in the Catalogue of permanent members. The Committee seem to be undecided about the use of the definite article in the "Contents" of the volume. For the most part, we read "Report of the Committee," &c. Sometimes, however, it is "Report of Committee." So of the prefixes of "Number." In one place it is "Report on the Number," &c.; in another, "Report of the Number;" and again, "Report of Number," &c. Uniformity in such matters is desirable, were it only for the sake of accuracy, to say nothing of euphony.

Upon the whole, although this volume of Transactions is not calculated to excite national vanity, it evinces a longing and a promise for a higher and better state of things; and as such, we hail its appearance with pleasure, and recommend it to general perusal.

The Nature and Treatment of Deafness, and Diseases of the Ear; and the Treatment of the Deaf and Dumb. By WILLIAM DUFTON, M. R. C. S. 12mo. pp. 120. Lea & Blanchard. Philadelphia, 1848.

It is difficult to understand why diseases of the ear have claimed less of the attention of the profession than those of the eye, and of the other important organs; and yet it is probably true. In fact, to a great extent, particularly in America, the diseases of the ear are either left to chance, or the blind counsels of empirics. The organ of hearing is exceedingly complex and delicate in its structure, and consequently liable to many forms of disease which can not be appreciated by any one who is not perfectly familiar with its anatomical character. Tumours may form in it, blocking up its passages, compressing its nerves, or modifying the condition of its circulation; inflammation in one or several of its tissues may and often does occur, followed by the consequences usual in inflammation of the same structures in other parts, and paralysis, more or less complete, of its delicate nerves; and to discover and properly treat these conditions demands equal skill and attention with the complaints of other organs; and yet how seldom do either patients or physicians regard the subject in this serious light. In Europe it is otherwise, particularly in Germany and France; and lately, in England, Mr. Pilcher and Dr. Wharton Jones have made important contributions to our knowledge on this subject.

The little work before us, although quite too brief to afford a complete acquaintance with the subject of aural surgery, is well calculated to awaken attention and beget an interest in the study which may lead to further investigation. The author has treated the diseases of the ear rationally; that is, he has applied the well established principles of pathology to their explanation, and has thus shown that the field is a legitimate one for scientific exploration. To those who have not access to more extended treatises, this manual of Mr. Dufton will afford great assistance in the treatment of aural affections.

THE MEDICAL EXAMINER.

PHILADELPHIA, DECEMBER, 1848.

TO THE PATRONS OF THE MEDICAL EXAMINER.

The present number of the Medical Examiner completes the volume for the current year. Eleven years have now elapsed since the journal was commenced, during the last five of which it has been conducted by the present editor. On entering upon the task, he declared it to be his determination to conduct the journal on broad and liberal principles, and on no account to admit anything to its columns which could be regarded as at all personal or unprofessional, and to this resolution he has constantly adhered, under all circumstances of provocation; and such will ever be his conduct as a journalist. That his course in this respect is approved by the profession, he has the strongest evidence in the constantly increasing number of subscribers to the publication. This gratifying fact encourages the belief, too, that his efforts to render its pages interesting and acceptable have been successful, notwithstanding the small share of his time and attention which it has been possible to spare to it from other pressing engagements. Hereafter, he has reason to hope for amendment in this respect, and that the pages of the Examiner will be found still more worthy of the liberal support accorded to it by the profession.

PROGRESS OF THE CHOLERA.

The spasmodic or Asiatic Cholera, continues to be the great theme of discussion in our European exchange journals, and as it may, like former epidemics, extend to this continent, the subject, in its various bearings, is one of much interest to us also. That it will make its appearance again in America, at no very distant period, is rendered highly probable by its past history and present course. Formerly, it seemed for a long while endemic to parts of Asia; and even when it advanced to the shores of the Caspian Sea, it was for several years stayed in its progress before invading Europe, when it swept over the continent and British Isles, and soon declared itself on this side of the Atlantic; first in Canada, and then speedily in various parts of the United States. The present epidemic seems to be pursuing, in Europe, very nearly the same course as the former. On that occasion, its

first appearance in England was on the eastern coast, at a place called Sunderland, in August, 1831; it made but little progress, however, until the early part of the following year, (1832,) when it prevailed at various parts throughout the north of England, and in London, and by midsummer, also in Edinburg, Glasgow, &c., in Scotland, as well as in the principal cities in Ireland. In Paris, it was first announced in April. In June, it appeared at Montreal and Quebec, in Canada; in July, at New York; in August and September, at Philadelphia, Baltimore, and Washington; and in October it reached Cincinnati and New Orleans.

We present this rapid sketch of the course of the disease on that occasion, that our readers may compare it with what is occurring at the present time.

From the London Medical Times of the 4th ultimo, (Nov. 1848,) we derive the following items:

In the East, at various places, the disease has not only been extremely prevalent, but attended with great mortality; thus, at Smyrna, of 3,212 attacked, 2,194 died.

Turkey.—The accounts received from Constantinople by the last mail, announce that the cholera is gaining ground, the daily mortality averaging nearly two hundred. The bazaars are nearly deserted.

In numerous other towns its ravages have been frightful.

Greece.—In the various towns and villages of Greece, the disease has prevailed but slightly, and without great mortality. Athens seems to have escaped altogether.

Syria and Palestine.—Aleppo, Antioch, Tripoli, Latakia, Homo, Hamah, Beyrout, Sidon, Damascus, and Scanderoon, have been visited with unusual violence by the epidemic. At Damascus, the deaths are reported as varying from 500 to 600 daily. Aleppo averages 150; Antioch about 50 daily. However, it appears to be on the decrease.

In London, notwithstanding the prevalence of scarlatina, in a severe form, the mortality, at the last dates, was less than usual; a circumstance which has frequently been observed in other places during epidemics. Ireland, so far, appears to have escaped. The following, taken from Wilmer and Smith's Liverpool Times, of the 11th ultimo, is the latest intelligence of the progress of the disease.

The Cholera.—The aggregate returns begin to look formidable. In London and its vicinity the deaths reported last week were 65; while the number of fresh cases reported daily varies between 10 and 20; and as far as we can judge at present, the mortality will be in that district about the same as last week. The general health is now 39 below the weekly average of 1847 and the four preceding years.

Reports from all the provinces are now collected—and we are happy to state that they are quite inconsiderable compared with the population. Near Hounslow, on the 8th instant, there were four fatal cases, and at Blyth six, two of which have been fatal. The remaining three on that day have occurred in Essex and Sunderland, but all the nine cases, except one, seemed to have proved fatal. It is, however, in Scotland, where the disease still commits the greatest ravages. No fewer than 468 cases have occurred in Edinburgh and the vicinity up to the 8th instant, of which 243 proved fatal, 54 recovered, while 171 were under treatment, or the result not stated. On the 8th instant only 27 new cases were reported, while there were 49 on the 7th.

At present the great manufacturing towns and districts have escaped the scourge. The malady, however, has appeared on the northern coast of France, at Dunkirk.

RECORD OF MEDICAL SCIENCE.

Quinine. By Wm. Fletcher Holmes, M. D., of Newberry, S. C. —There are various conflicting opinions in relation to the action of Quinine upon the animal economy; some authors advocating its sedative, and others its excitant properties: whilst perhaps a majority regard it as either stimulant or sedative, according to the dose. In large doses, experience has led me to look upon it as a sedative to the vascular, but an excitant to the nervous system, producing a high degree of nervous erethism, a peculiar irritability of the nerves, which supply the organs of hearing and vision, and a vertiginous sensation described by patients as extremely distressing. This tendency which quinine possesses, of augmenting, and indeed originating determination to the brain, has led to its exclusion in fevers accompanied with cerebral congestion, or inflammation, or nervous excitability. For some time past, physicians have been on the *alerte* to discover some agent which would neutralize this peculiar property of quinine without impairing its febrifuge powers. The west and south-west have exultingly proclaimed "Eureka," and hold up to us morphine as the long sought desideratum. But impartial observation will convince any eclectic practitioner that any preparation of opium will enhance to an alarming extent the prevailing determination to the brain. Ever since I took my degree, this subject has been a matter of inquiry and experiment with me, and I have come to the decided conclusion that *Digitalis*, modifies the action of quinine, in this particular, to a more considerable extent than any other agent. I have administered quinine in large doses, in combination with this medicine, to young children, whose nervous systems were very mobile and impressible, with the

happiest effects, and without producing any of those unpleasant symptoms, commonly attributable to the free exhibition of this potent febrifuge. To delicate females, whose constitutional aversion to this medicine amounted almost to idiosyncrasy, it has been given with a few drops of the tincture digitalis, with the most pleasant results. In bilious remittent, I do not hesitate to exhibit quinine, as mentioned above, even when the exacerbation is at its height, and the consequences are often seen in an abundant flow of the cutaneous transpiration, a prolonged remission, and in many instances a complete apyrexia.

I regard quinine as possessing high antiseptic properties. In malignant and protracted fevers, where it is desired to make a mercurial impression upon the system, in combination with calomel, it (quinine) assists in the development of ptyalism, and at the same time modifies the well known tendency of that powerful alterative to produce ulceration of the gums, sloughing of the cheeks, etc. In typhous and typhoid fevers, it has seemed to me to correct the indisputable proclivity to putrescency of the fluids, as indicated by petechiæ, and the prompt disposition to gangrene of vesicated surfaces. In the dothenenterite of typhoid fever, in combination with calomel and the nitrat. argent., it has been given with the happiest effects; and in the "congestive chills" which have latterly sprung up into such gloomy notoriety among us, it is the sheet anchor of the physician's hopes, and sooth to say, it rarely fails us in the hour of trial. Upon its abundant exhibition alone must the practitioner base his expectation of success, and its rapid and powerful action often transcends our most sanguine anticipations.

The attention of the profession has hitherto been solely directed to the action of quinine as a febrifuge, overlooking what I consider of paramount importance, viz: its special affinity for the nervous system, and its peculiar adaptation to the relief of neuropathic affections of long standing.

In a protracted case of neuralgic dysmenorrhœa, accompanied with intense cephalalgia, which resisted cups and vesication, in which the most powerful alteratives, such as mercury, guaiac., iodine, and the arsenical solution had been vainly tried, I administered quinine combined with carb. ferri and belladonna, with decided effect.

This may seem inconsistent with my belief in its stimulant property, and I can account for its efficacy in this instance upon no other grounds than its obvious analogy with the beneficial exhibition of stimulants in the chronic phlegmasiæ. In the treatment of epilepsy, chorea St. Viti, I am disposed to look for important results from the use of quinine.—*Charleston Med. Jour.*

On an Electrical Phenomenon observed in Cholera. By J. C. Atkinson, Esq., M.R.C.S., &c., Westminster.—I am desirous at the present moment of directing the attention of your numerous scientific readers to a very interesting phenomenon, more or less present in the collapse stage of cholera, which seems to have hitherto

escaped the observation of medical men—viz., animal electricity, or phosphorescence of the human body. My attention was first attracted to the subject during the former visitation of that fearful disease in the metropolis. It was indeed singular to notice the quantity of electric fluid which continually discharged itself on the approach of any conducting body to the surface of the skin of a patient labouring under the collapse stage, more particularly if the patient had been previously enveloped in blankets; *streams of electricity*, many averaging *one inch and a half* in length, could be readily educted by the knuckle of the hand when directed to any part of the body, and these appeared, in colour, effect, crackling noise, and luminous character, similar to that which we are all accustomed to observe when touching a charged Leyden jar. I may remark the coincidence, that simultaneously with the heat of the body passing off, the electricity was evolved; and I am therefore led to ask the question—Are not heat, electric and galvanic fluids *one* and the same thing? Does not the fact of the passing off of both imponderable substances at one and the same time strengthen this conclusion?

Again: are not the whole of what we call *vital* phenomena produced by certain modifications of the electric-galvanic-magnetic matter and motions? and do we not find that these *vital* phenomena are continuously effected by the relative state of the surrounding electric medium? To what can we attribute the present fluctuating condition of the barometer, if not to it?

We *know* what wonderful *decomposing* action galvanism had on alkalies, under the hands of the illustrious Humphrey Davy; but we do *not know*, nor have we any conception in the present state of knowledge, of the *decomposing* action of electric matter of the atmospheric air, in various conditions, on the fluids generally of the animal body. Chemistry has failed in pointing out any ponderable material as the exciting cause of epidemic diseases.

In the treatment of Cholera, all are agreed that *non-conducting* substances on the surface of the skin aid essentially the cure; and during the disturbed state of the atmosphere, for the purpose of retaining the electricity continually eliminating in the system, we are told to wear woollen bandages, flannel, and gutta percha soles, so as to insulate as much as possible the body, to prevent the heat—the electric fluid—from passing off.—*London Lancet.*

WESTMINSTER MEDICAL SOCIETY, OCTOBER 21, 1848.

The Society commenced its meetings for the session this evening. The rooms in Saville-row were completely crowded, reminding us of the Society in its most palmy days. About sixty fellows and visitors were present.

The PRESIDENT, on taking the chair, gave an inaugural address on the state of the Society, which was in every way prosperous. In the course of his remarks, he made the following observations with reference to

Cholera, and the Health of London.—Before dismissing the subject of cholera, it must be interesting for the fellows to know, notwithstanding the anxiety now prevalent respecting that malignant disease, that hitherto it has not made much progress in the metropolis; and if its present fatality be compared with other epidemic maladies, we have as yet really not much reason for alarm, as proved by the fact, that during the six weeks ending on Saturday, the 16th of October, last year, the number of fatal cases of this disease in London was twenty-six; whilst the total number of deaths caused by the same malady throughout the entire metropolitan population, during the six weeks ending on Saturday last, the 14th instant, amounted to sixty-seven, being, as yet, only a little more than double the mortality by cholera during the same number of weeks in the previous year. Compared with this, it is instructive to mark the different results observed in another epidemic now prevailing in London with great severity, but which, notwithstanding, does not call forth much remark, or cause anxiety to the extent it deserves—I mean scarlatina, also discussed last year in the Society; but which, unfortunately, is now so malignant, that hundreds of victims have been recently sent to an untimely grave, according to the registrar-general's reports. In these tables it is stated, that during the six weeks terminaeing on Saturday, the 16th of October, 1847, already quoted in reference to cholera, 302 individuals died in London from scarlatina; whereas, during the six weeks ending on Saturday last, the 14th inst., as many as 972 persons have sunk under that virulent complaint; or upwards of quadruple the average mortality by the same disease in the previous five autumns. Without undervaluing the importance of the epidemic which at present attracts so much notice, I think such a dangerous malady as scarlatina deserves even as great attention from medical men and the public as cholera—more especially seeing the subjects of its attacks are usually children, or young people just entering upon the morning of life; whereas the victims of cholera are generally drunkards and persons of worn-out constitutions, or those who have set every hygienic rule at defiance. Scarlatina being, however, a disease of frequent occurrence in this country, and although it annually carries off thousands of individuals, hitherto no boards of health have existed; no quarantine laws, and very few sanitary measures, have beenput in force by public bodies for preventing the approach of this malady, the scourge of youth, notwithstanding its highly infectious nature. But this is only another illustration of the prevailing disposition, in the minds of many persons, to view whatever is familiar with indifference, whilst anything new or uncommon is sure to attract attention. It will also be instructive to recall to our recollection the recent invasion of the epidemic influenza, which was so fatally prevalent in the metropolis at the early part of last winter, when 1213 persons died from that complaint during six weeks ending on Saturday, the 8th of January last. At the same time, the total deaths registered from all causes were increased to an extraordinary extent, being so high as 2454 in one week, and 2416 in the subsequent—instead of 1046, the

ordinary weekly average of previous seasons. Contrasted with this plague-like mortality, it must be gratifying to hear, that London, comparatively speaking, is not at present unusually unhealthy, notwithstanding the actual presence of cholera, the great malignity of scarlatina, and the prevalence of typhus, by which disease 424 persons have died in the metropolis during the last six weeks, instead of 260, the averaged deaths by typhus of a similar period during the five preceding autumns. Such facts are important; and although the cholera now occasions considerable anxiety, the total deaths from all causes, throughout the metropolitan population, have actually diminished, especially during the last fortnight, notwithstanding the prevalent epidemics. This satisfactory state of the public health in London is proved by the mortality tables, which show, that instead of the weekly average of 1154 deaths, as in the last five seasons, during the week ending on Saturday, the 7th October instant, 1005 persons died from all causes in the metropolis, and only 991 in the week terminating last Saturday, the 14th: thus making an actual diminution of not less than 312 deaths in the two weeks now referred to, being an increase of fifteen and a half per cent. last year over the two similar weeks of the present season. I now mention these important facts to the Society, not to paralyze exertion, but as useful statistical data, to which reference should be made in order to arrive at correct conclusions when an epidemic like the cholera prevails in the community; and to show how far the average mortality is thereby affected.—*London Lancet.*

Incision of the Urethra.—We mentioned, in the report of the last meeting of the Academy, the conclusion of a paper on this subject, by M. Civiale. We have noticed another instance in which the division of the urethra was an operation of great utility: we refer to ancient fistula of the passage. In several cases of abnormal apertures existing in the canal,—the consequence of gangrenous inflammation,—M. Segalas first proposed, and Dr. Ricord performed it. In one patient, the fistular opening, situated at the union of the penis with the scrotum, was nearly one inch in length, and had lasted twenty years. The object of opening the urethra in the perinæum, was to permit the escape of urine from the incision, through which a bougie was introduced into the bladder, thus allowing the surgeon to employ the autoplastic method for the closure of the ancient fistula, the cicatrisation of which would be rendered most difficult by the contact of the wound with urine. The fresh incision performed in the perinæum healed without difficulty, and the infirmity was completely removed. The invention of this method, crowned with success in several instances, was recompensed by a prize awarded by the Institute in the year 1842 to Drs. Segalas and Ricord.—*Ibid, from Gaz. Med.*

Rupture of the Heart.—A man, sixty-four years of age, whose heart was lately shown to the Academy of Medicine in Paris, was admitted into the hospital of Beaujon, Paris, on the 31st of August,

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under M. Bouvier, for pains in the epigastrium, loss of strength and appetite. Respiration was pretty free, but for two nights, which he spent in the hospital, he had hardly ever assumed the recumbent posture. On the 2d of September the pain occupied the left side of the chest, extending up to the left shoulder; it was, however, far from distressing, and being accompanied by no fever or dulness on percussion, it was set down as arising from rheumatism. In the afternoon, the patient complained all at once of severe headache and of great heat; he threw the windows wide open, and in a moment afterwards he was found on his bed, the head thrown back, the legs hanging, and the face quite purple. He was dead before any assistance could be rendered. On a post-mortem examination forty-two hours after death, the pericardium was found distended with blood; it contained about three ounces of a soft and dark coagulum, surrounding the heart, particularly posteriorly on the right side. The blood had escaped by a longitudinal fissure, situated on the anterior aspect of the right ventricle; this aperture is one inch and a third in length; the margins, rather irregular, are separated to the extent of four or five lines, the interval being filled up by a coagulum of recent formation, slightly adherent, and extending into the interior of the ventricle. The parietes of the latter are considerably thinned, and present at the lower angle a small aperture, which leads into the ventricle. The fissure, viewed internally, presents, at a little distance from it, a prominence formed by the internal muscular layers; the sides of the fissure itself are formed by a very thin stratum of the most external layers. The whole looks like an excavation scooped from the muscular substance, the thin fundus of which is marked by the rent which gave issue to the blood. The heart is of a normal size, the parietes are of the ordinary consistence, the various orifices are in a perfect state, with the exception of one of the aortic valves, which is ossified. The defective history of the case precludes the possibility of accurately determining the cause of this lesion; it is, however, likely that there was first a solution of continuity, with stretching, or even loss of substance of the carnæ columnæ, and that this state of things lasted some time before the blood broke down the thin external layer. The symptoms manifested by this patient have a certain analogy with those sometimes evinced by functional disturbance of the organ. Thus Morgagni mentions a case, (Epist. 27, No. 8,) where the patient had pains in the sternum and arms, and complained, in his last moments, of giddiness and tightening of the chest.—*London Lancet.*

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